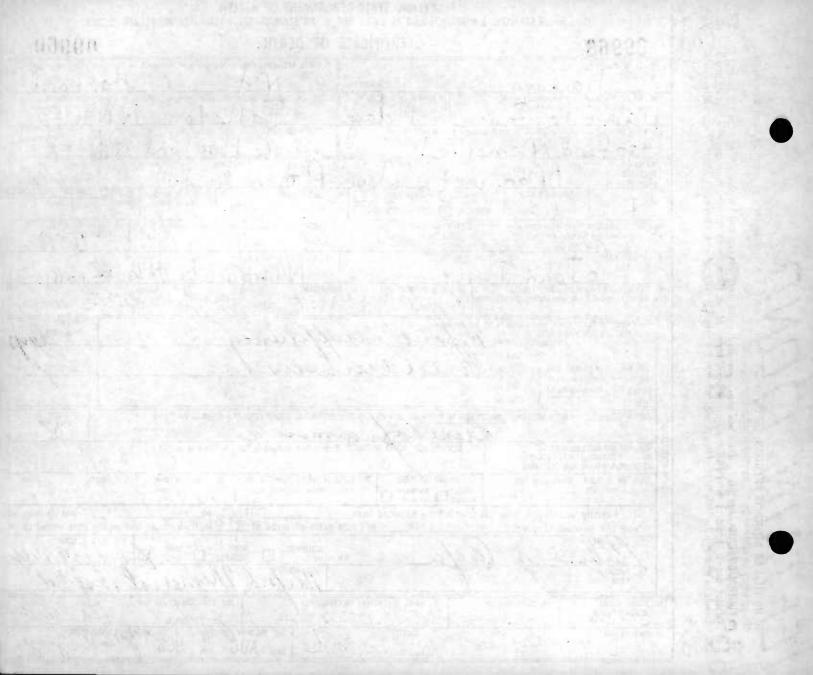
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09963 requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY MARYLAND c. LENGTH OF STAX IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give nearest toyn) d. NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give street oddress) papers. d. STREET ADDRESS IS RESIDENCE within 72 ON A FARM? NO 3. NAME OF Middle DATE Doy Year DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6. COLOR OR RACE MARRIED DATE OF BIRTH AGE (In yeors NEVER MARRIED last, birthday) Months Hours WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). HPLACE (County & Stote, or foreign country). 12. CITIZEN OF WHAT INDUSTRY COUNTRY ousel 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME saare IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 206-14-962 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c). INTERVAL BETW burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO as the priar to stoting the underlying couse be retained by the hospital or attending this certificate has been lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. af Health NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased from . 19____, that (I) (we) last . ta M, from causes and on the dote stoted obove. saw the deceased olive on and that death occurred of __i 19 220. SUSNATURE ATTENDING director, page 3 shauld be filed v DIRECTOR M.D. PHYS PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. LOCATION (City or Town) (Stote) REMOVAL (Specify) mt. Christian 250. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR leavelen VR A15 (4) 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09963 OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after deoth and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND filled in by the 1 b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest-town e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, address) d. STREET ADDRESS within 72 YES NAME OF 4. DATE corban First Lost Month Doy Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR 6. COLOR, OR RACE B. DATE OF BIRTH 9. AGE (In veors IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours DV.30 in any WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? physician o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, oLLOM E. AKERS. RD#1 Box 243 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the hospital or attending has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO YES this certificote lar 20o. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work ot work FUNERAL DIRECTOR: After 7 - 30, 1966 that (1) (we) las 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 6.25 PM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR M.D. director, poge 3 should be filed v PHYS 22d. - ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ADDRESS) MARFORD EM. 2 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR DEGRACE MO DATE AUG 1300

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09970 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) delay is and 3 ta o. COUNTY Harford o. STATE Maryland b. COUNTY Harford af after death. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 min. Forest Hill Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm haurs Give Pages 1, Rock Spring Road Harford Memorial Hospital YES NO TO after death. with the Sto within 72 h 3. NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED July 16, 19 66 Samue 1 Elis Allen (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. **NEVER MARRIED** lost birthdoy) Item 18. Months White November 17, Dovs Hours Male 1885 haurs WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY. COUNTRY? Agricul ture 24 Baltimore, Maryland dnv 2. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within .= Robert Allen Renie Grafton pup 17. INFORMANT (W11e) 838-8069 .⊆ 15. WAS DECEASED EVER IN U.S. AKMED TOKKES.
(Yes, no, or unknown) (If yes give wor or dotes of service) 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. Forest Hill, Md 21050 removal 18-18-8597-T Mrs. Laura V. Allen pending No perr INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH er- Pb)-4 m ar IMMEDIATE CAUSE (o) matian, shauld writing the ward DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o). This certificate DUE TO al stoting the underlying couse used as burial, c lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate, NO 9 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter poture of injury in Port I or Port II of item 18.) 3 shauld agent, prior PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should EXAMINER: MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work please execute its designated 21. I certify that I took charge of the remains described above, held an Autopsy K Inspection and in my opinion funeral directar. Undetermined monner death resulted from: Natural causes Accident Suicide X Hamicide be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY S. Main St. DEPUTY MEDICAL EXAMINER X ar July 17, 1966 Health Gerald C. Palmer, M.D. Bel Air. Md. 2404 th (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) 2 0 Forest Hill, Harford Co., Md. July19.1966 Centre Meth. Cem. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE W. Broadway & Williams Charles VR A15ME (5) 1966 Bel Air, Maryland 21014 6M 1/66

Joseph William Foster

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death physician and campletely filled in by the funeral en please semave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. STATE o. COUNTY b. COUNTY remave carban papers. Pages 1 any event, within 72 hours after MARYLAND GREORE c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) WKS YRE DE GRACE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 90 NO X YES 3. NAME OF First Middle 4. DATE Manth Dov Year DECEASED OF DEATH AGNES 196 (Type or print S. SEX AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH Manths Davs Haurs WIDOWED DIVORCED n any 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) HOME COUNTRY? and HOUSE 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME WAILER remaval 1 & Address CHESAPFAKE COURT 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 5 (Yes, no, or unknown) (If yes give war ar dates af service) HAROLD M. ALMON ABER DEEN. crematian, INTERVAL BETWEEN ONCET AND DEATH 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a signed by Page 4 may be retained by the haspital ar attending physician. DUE TO buriol Conditions, if ony, which gove rise ta immediate couse (a). DUF TO stating the underlying cause has been director, page 3 shauld be detached tar use as the should be filed with the State Dept. of Health priar to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While at wark at work 1900, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. and that death accurred an A. From causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** Z DIRECTOR PHYS PHYS. 220 ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (City or Town) (County) 23a. BURIAL, CREMATION FAWN GROVE METHODIST (State) HOURIAL (Specify) FAWN GROVE 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) TARRETTSVILLE MD 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00070 within 24 hours ofter deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. GITY OR TOWN (If outside corporate fimits, papers. Pag thin 72 hours o write RURAL and give hearest town e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS NO X 3. NAME OF Middle DATE First Lost Manth Doy Year DECEASED (Type ar print) DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed AGE (In years lost birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stotel or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? 7 one 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying cause the has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar town) (State) (County) Haur a.m. foctory, street, affice bldg., etc.) Nat While at wark L O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram June 28 1966, that (1) (we) las . 1964 to July 1 June 30, 19 66 and that death accurred at AM, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE MED M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 569 Revolution Street director, should b 23d. LOCATION (City or Town) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (State) EMOVAL (Specify) 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR

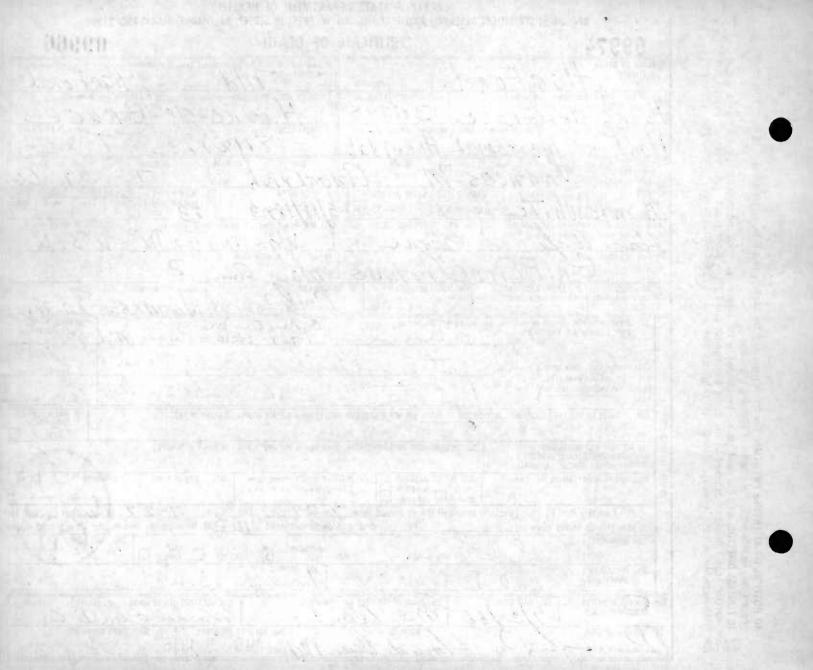
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH 2, and 3 to PM3. Page a COUNTY ORD o. Maryland b. Harford MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits. C. LENGTH OF STAY IN 16 HAVRE DE GRACE offer Belcamp d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? form De hours Modern Trailer Court HARFORD MEMORIAL HOSPITAL tem 18. Give Poges ate YES NO T after death. ice along with 3. NAME OF First Middle 4. DATE Manth S Day Year within 72 DECEASED VIVIAN 31 J. 19 66 ANDERSON (Type or print) DEATH with S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Manths Days Haurs Sept. 9, 1945 Female White WIDOWED DIVORCED hours event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT INDUSTRY Shoe Co. during most of working life, even if retired) COUNTRY? pages I Bata Baltimore Md. E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within pend rd "pending" in pen Chief Medicol Exam Warren Gross Nammi Lambert File pup 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. removal (Yes, no or unknown) (If yes give war or dates af service) 213-44-8516 Naomi Cross 1127 Steelton Ave.# 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Multiple gunshot wounds of chest and abdomen 0 IMMEDIATE CAUSE (o) used as o burial-trai burial, cremotion, c writing the ward DUE TO Conditions, if ony, which gave 9 rise to immediate couse (o). DUE TO stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES K NO please execute the certificate. designated ogent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY LA or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should CAL EXAMINER: Shot by husband CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour TEDE Not While at work factory, street, office bldg., etc.)
Trailer Court While may be retained for yaur FUNERAL DIRECTOR: Page While at wark 31 19 66 Belcamp Harford Md. 21. I certify that I took charge of the remains described above, held an Autopsy X Inquiry [and in my opinian Inspection . Suicide the funeral director. Accident . death resulted from Natural causes Homicide K Undetermined monner be retained O DEPUTY MEST CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER 8-1-66 0 EXAMINER'S Health RUDIGER BREITENECKER, M.D. Address (Street, city, tawn, ar county) NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 0 Oak Lawn Cemetery 7225 8-4-65 Eastern 25b. REGISTRAR'S SIGNATURE Conkling 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH eath. requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle Lost DATE Month Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR 7. MARRIED AGE (In veors NEVER MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) prost of working live even if refired) ease 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DHE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending has been as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After ot work at work 21. I certify that (1) (this hospital) attended the deceased from _______ 1966 that (1) (we) last 3 shauld be with the Si and that death accurred at 10 2 M, from couses and on the date stated above. saw the deceased alive on. 220. SIGNATURE 22b., DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S ADDRESS NAME (Type) directar, should b BURIAL CREMATION. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY LOCATION 23d. (City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 2Sb. BEGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66



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es the cian. by th rrmit r refe			DEATH [Enter only one	cause per vin	e for (a), (b), and	(c)		-			TERVAL BE	
ysical ysical bed be per		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	(a	Real	0	ecomple	usal	in		200	245
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ding ding sen sen rema		Conditions, if an	10/_	N:	3 200	N.	D. and	K fite	Laused		+ 40	as
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or at or at te has the b	7	causa last.	R SIGNIFICANT CONDIT	IONS CONT	PIRITING TO DE	ATH BUT NOT	DELATED TO THE TERM	INIAI DISEAS	E CONDITION CIV	(ENLINED ADT 1/a)	19. WAS A	ALITOPSY
ital as of	CERTIFICATION	TAKI II. OTTIL	k significant condi	- COM	KIBOTING TO DEA	111 801 1401	KEENTED TO THE TERM	MINAL DISEAS	E COMMITTON GIV	EIA IIA LVKI I(a)	PERFC	DRMED?
HYSIC certification use	IFICA	20a. ACCIDENT W	'AS UNDERLYING	20b. DESC	CRIBE HOW INJUR	Y OCCURRED	. (Entar neture of injury	in Part I or Pa	art II of item 18.)		YES	NO NO
Tarica t	CERT	OR CONTRIBUTING	CAUSE OF DEATH	-								
ING PE d by the After this ached fo f Health	CAL	20c. TIME OF INJ	JRY Month, Day, Yaa		JURY OCCURRED		E OF INJURY (Home, fa		ity or town)	(County)		(Stata)
of the A	MEDICAL	Hour a.m.	19	Whila at work	Not While	facto	street office bldg., a	0	0 0	11111	,	
TTEN TOR: TOR: Dept.		21. I certify	that (I) (this hospit	al) attend	ed the deceas	ed from.	128/61	OP 1	July (514 196E	that (1)	(we) last
ECC ould		saw the decea	sed alive on	ly 6t	4/1966	and that	death occurred at	P.M. fro	m the capses	and on the da	ate stated	pove.
OR may		220. SIGNATURE	SA V	510	11-0		ATTENDING	MED.	STAFF		7 225	STENED
AL NE 3		PULVELCIANUS	Courses	(6)	Com	1) M.I	phys.	DIRECTOR	PHYS.	,	1/8/6	36.
HOSPITAL sth. Page 4 FUNERAL ector, page filed with t		72c. PHYSICIAN'S NAME (Type		de	L00,	MD	22d. (1000)	real	2 grac	e, eu	Q'	
death. P O FUNE director,	23	BURIAL, CREMAT		1011	23c. NAME OF	CEMETERY 9	RICREMATORY	1/	CAUON (City, to	wn or county)	(S	itate)
ರಿಕ್ಟರ್ಕ್ ಕ್ರಿ		BURIAL	00LX9,1	1966	ANG	ELF	1117 (EW		VRE DEL	TRACE	1/4	10
VR A15 (4)	24	FUNERAL DIRECTO	R'S SIGNATURE	11 /	ADDRESS	GAL	- EMal	EC'D BY REGI	1 1966	GISTRAR'S SIGNA	TURE	,
20M S-63	14	MADISON	11/11/01/1	17/1	HVKEUE	TRAG	EMU DATE	OOF I	T 1000	1 market	2 Jus	7

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(M)		Division of STATISTICAL	MARYLAND STATE DE RESEARCH AND RECORDS, 30			ND 21201
TATE		09977	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	09969
DEPT.		PLACE OF DEATH			nere deceosed lived, if institution	
in ony event within 72 hours after death.		Harford	MARYLAND	o. STATE Mary	land b. COUNTY	Harford
		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	1	ide corporate limits, write RURAL	and give nearest tawn)
		write RURAL and give nearest tawn) Havre de Grace	D.O.A.		deen	12-1
00		d. NAME OF HOSPITAL OR INSTITUTION (If nat in has		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7	_	Harford Memorial Ho		R.D.		YES NO X
		NAME OF First DECEASED	Middle		4. DATE Month	Doy Year
ı	S.	(Type or print) SEX 6. COLOR OR RACE 7. MA		Bracther B. DATE OF BIRTH	DEATH July 9. AGE (In yeors	10 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS.
	J		RRIED NEVER MARRIED X	1 June 196	last hirthdow)	Months Doys Hours Min.
1	100	IISTIAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote of		1 10
	duri	ing most of working life, even if retired) Infant	INDUSTRY A		ryland	COUNTRY?
	13.	FATHER'S NAME	N/A	14. MOTHER'S MAIDEN NA		UaDaAa
		Harold Bracthe	r	.Te	nnie Mae Ell	liott
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	(Te	s, no, or unknown) (If yes give wor or dotes of service No	N/A M	other.	Same as 2 (C & D
		18. CAUSE OF DEATH (Enter only one couse per I			0011	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	gnenno	na	2011	ONSET AND DEATH
		Conditions, if ony, which gove) (b)				
V		rise to immediate couse (a),		· · · · · · · · · · · · · · · · · · ·		
		stating the underlying cause				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE COND	ITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
1	ATION					YES NO
	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	206. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Po	ort I or Port II of item 18.)	
	CER	CAUSE OF DEATH.				
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	W	p.m. 19	ot work L ot work L			
		21. I certify that I toak charge af th			Inspection X, Inquiry	
		death resulted from: Natural caus	es 🔏, Accident 📋, Suic		, Undetermined man	ner
3		ACTUAL GENERAL P F	almer !	CHIEF MEDICAL E)	AL EXAMINER	22. DATE SIGNED
2		EXAMINER'S	owner	DEPUTY MEDICAL		10-66
OK		NAME (Type) Gerald C.	Palmer, M.D.	Address (Street, o	city, town, or county) Bel	Air, Md.
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	
B		REMOVAL CONTROL 7/12/66	Union M.E.			(Rural) Md.
· a	1	Flyeral Director	ing Funeral Hor		BY REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Har	ford	MARYLAND	a. STATE	nere deceased lived. If institution b. COUNTY	an: Residence before admission) Harford
RURAL and give nee Rural Wh	ite Hall		Rural W	nutside carporate limits, write R	12 - 1
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON & FARM? YES NO
3. NAME OF DECEASED (Type or print)	Wilne min	e A. Middle 3	ow N	4. DATE OF DEATH & U	th S Day Year 1961
5. SEX Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct.19,1904	9. AGE (In year last birthday) 61 yrs.	Hanths Days Haurs Min.
Housewif	ing life, even if retired)	0b. KIND OF BUSINESS OR INDU	Marylan	d	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER	ph Habicht IN U. S. ARMED FORCES? If yes, give wor or dotes of service)		NFORMANT . M. Brown.	ine Krinkles Add White Hall.	ress
Canditians, if an gave rise to in cause (a), stating t lying cause last.	nmediate DUSTO	Arteria or Sypheten BU	Eclevai NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	/EN IN PART 1(a) [19, WAS AUTOPS
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRE	w		PERFORMED?
20c. TIME OF INJURY Have a. m. p. m.	Wh	(-	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc		(Caunty) (Sta
21. I certify that saw the decease 22a. SIGNATURE	7/	ended the deceased from.	/ 1	M, from the causes or	196, that (I) (we) lo
22c. PHYSICIAN'S NAME (Type)	8.M.7.	raun ERANCE	M.D. ATTENDING M.PHYS. DI	ED. STAFF PHYS. [7/15/16 m
23a. BURIAL, CREMATION BUILD (Specify)	7/19/66	23c. NAME OF CEMETERY C		23d. LOCATION (City, Nown,	
24. FUNERAL DIRECTOR'S		ADDRESS		Norrisville, D BY REGISTRAR 256, REGI	Harford Co., M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09973 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and death completely filled in by the funeral love garban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Harford Harford MARYIAND Maryland b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) an papers. Pag within 72 haurs Aberdeen Rural Aberdeen e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Box 230 Route Box 230 Route YES NOT 3 NAME OF Middle 4 DATE First Manth Day Year DECEASED CHARLES 20 66 CHALONE July A. 19 (Type or print) DEATH any ever IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthdoy) Months Doys Hours July 23. Male Cau. WIDOWED DIVORCED physician and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, eyen if retired)
Real Estate Broker Real please pup Baltimore, Maryland Estate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en Anton Chalone (D Katherine Bizek (D WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service ar Marv E. Chalone. Aberdeen, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). cremat ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DHE TO signed 1 Conditions, if ony, which gave rise to immediate cause (o). DUF TO stating the underlying cause be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO T far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, affice blda., etc.) Hour o.m. Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram april 22 19 66 that (1) (two) last shauld 1964 and that death accurred at 3:15M, Path causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNASURE **ATTENDING** M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Aberdeen. Plunkett Jr Maryland directar, shauld 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) 23/66 Air Memorial Gardens. Md. Tarring Funeral Home 25d. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) 1966 Aberdeen. Md.

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(8	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
M	CERTIFICATE OF REATH	09972
	1. PLACE OF DEATH O. COUNTY / D. C. STATE D. COUNTY / b. COUNTY / b. COUNTY / c. STATE D. C.	nce befare admission) ARFORD
Poges ours afte	b. CITY DR TOWN (If outside carparate limits, write RURAL and give yearest town) HAVE CERRENCE CARREE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carparate limits, write RURAL and give yearest town)	ve nearest tawn)
popers. Pl 72 h	HARFORD Memorial Hospital 109 S. Main Street	e. IS RESIDENCE ON A FARM? YES NO
carbon ent, wit	(Type or print) Ann A RAY Cullum DEATH July	Day Year 10 19 66 1 YEAR IF UNDER 24 HRS.
ony ev	Female white WIDOWED DIVORCED 2 May 1892 74 Orthoday) Months	Days Hours Min.
	during most of working life even if edired) NDUSTRY Home Maryland	OUNIRY?
Then	Samuel Harrison Ella Parker	
ermit.	No 220-01-4299 May H. Dwayer, Bet Air, M.	
ransit prematic	PART 1. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Littleac De Compensation	INTERVAL BETWEEN ONSET AND DEATH
burial-tr burial, c	Conditions, if any, which gave rise to immediate cause (a),	? "
is the rior to	last. (c)	TIO WAS AUTIDISY
eofth p	PART II. OTHER SIGNIFICANT CONDITIONS CONKIBUTING TO WEATER BUT NOT RECEIVED TO THE PERMINAL USEASE CONDITION, GIVEN IN PART 1(d) Orderal Thrombose C right hemiplegia The property of initial April 10 and	19. WAS AUTDPSY PERFORMED? YES NO
iched fo	200. ACCIDENT WAS CINCENT WAS CONTRIBUTING C	ounty) (State)
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h the S	saw the deceased alive an Dule 10 1966, and that death accurred at 450M, from causes and an	that (I) (we) last the date stated above.
iled wit	ATTENDING MED. STAFF 7/	19/66.
tor, pould be f	NAME (Type) Edward C. Loo, M.D. Havre Cle Grace,	(County) (Stote)
direct	REMOVAL Charles 3/12/66 Smith Chapel Cemetery Aberdeen, M	aryland
A15 (4) M M 1/66	Tarring Fundan House, Aberdeen, Md. DATE JUL 12 1966 gcc	carles Judge
	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in ony event, within 72 haurs after	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21 CERTIFICATE OF DEATH O. STATISTICAL RESIDENCE (Where deceased lived, if institution: Residence of COUNTY A COUNTY

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09981 CERTIFICATE OF DEATH the deoth certificate be executed within 24 hours after deoth funerol i 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside carparate limits. write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? d. NAME-OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS .⊑ popers. hin 72 h filled i NO.X YES 3. NAME OF Middle 4. DATE Manth Day Year ¥ First DECEASED event, DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Haurs 1898 Sept. 15. and in ony WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if coticed k Restary U.S.O. Havre de Grace, Md. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Katie Ann Wilson John Cameron Johnson Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) 213-14-0262 curtis C. Daugherty, 0 Aberdeen. Md. cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) ONSET AND/DEATH burial-tronsit PART I. DEATH WAS CAUSED BY The low requires that IMMEDIATE CAUSE (a) by the hospital or attending physician 4201 DUE TO burial. Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (1) (this haspital) attended the deceosed from July 4, 1966, to July 4, 1966, that (1) (we) las be retained 4 19 66, and that death occurred of 4 5 M, from courses and on the date stated above sow the deceased olive an July 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** DIRECTOR PHYS. filed 22d. ADDRES 22c/PHYSICIAN'S O FUNERAL NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) 7-7-66 Harford Memorial Gardens. Aberdeen. Maryland 25b. REGISTRAR'S SIGNATURE TarringODHSaneral Home 250. REC'D BY REGISTRAR 1966 Aberdeen. Md. DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09982 requires that the death certificate be executed within 24 haurs after death and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admissign) physician and capabletely filled in by the funeral o. COUNTY ARFORM a STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OE 6RACS URE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? T2+,# 222 66 YES NO Middle NAME OF 4. DATE First Lost Manth Day Year DECEASED OF DEATH HUNE 19 6 (Type or print) AGE (In years IF UNDER I YEAR IF LINDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Haurs Dovs January 6, 1870 ony WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mast of working life, even if retired) COUNTRY? **LNDUSTRY** WilkEs Ca, North CArolina Housewife Homemaker U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth GENTY 17. INFORMANT (Dogustater) 734-7194 Address 2, Box \$86 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor ar dates af service) Mrs. Elszabeth E. Shieridan 218-52-2485-T AbENDEEN, Md. 21001 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) þ DUE TO signed 1 burial, Canditians, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) (County) 20c. TIME OF INJURY Manth, Day, Year Hour o.m factory, street, office bldg., etc.) Not While ot wark ot work 21. I certify that (1) (this haspital) attended the deceased fram. 1966, ta . 19 6 6 that (1) (we) lost shauld 19 6 6 and that death occurred at 6 55M, from couses and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b, DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Fourtain GrEEN, Harford Co. Maryland July 22, 1966 Mt. ZPON MEthodist Cometery Burral 24. FUNERAL DIRECTOR W. Brookers 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE JU JOSEPY WILL AM FOSTEr BEL Air Maryland 21014

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MARYLAND STATE DEPARTMENT OF HEALTH

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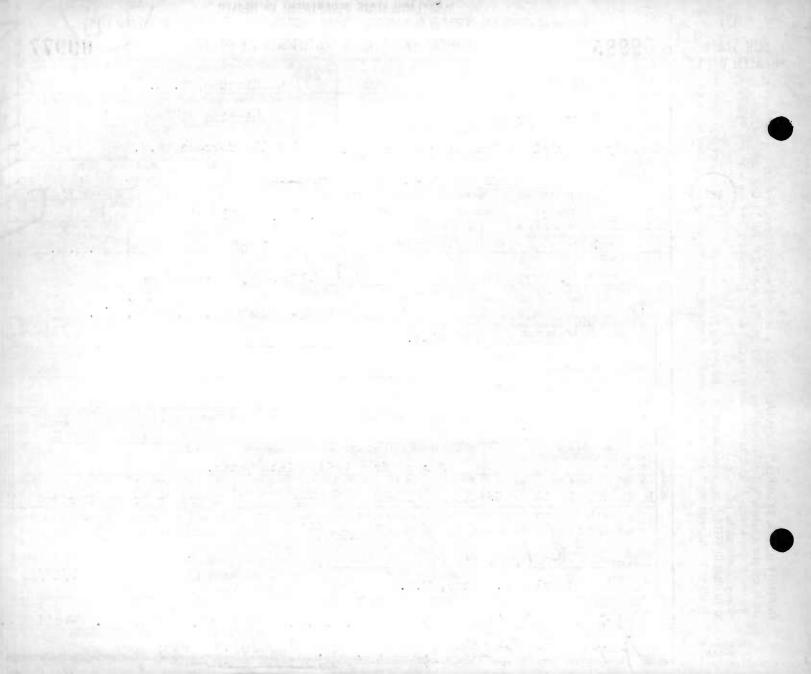
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09983 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Department after death. b. CITY OR 70WN (if outside corporate limits, write RORAL and give neares town) LENGTH OF STAY IN 1b c. CITY OB TOWN of outside corporate limits, write RURAL and give nearest town) may 5 1 d. NAME-OF HOSPITAL OR INSTITUTION (if not in hospital, give speet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay 3 to Page State hours NO Z YES NAME OF Middle DATE Day 4. Year DECEASED (Type or print) DEATH 1966 2 with within AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. lest blanday) Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED and along with 10a. USUAL OCCUPATION (Give kind of work done during most of working life, every) retired) INDUSTRY BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME File WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Ses, no, or unkown) (If yes give war or dates of service) permit. removal, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e cremation, DUE TO Conditions, if eny, which (b) geve rise to immediate **DUE TO** cause (a), steting the g used as a to burial, underlying cause lest. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMED YES NO o pe DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should be forwarded should l 3 shoul agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work FUNERAL DIRECTOR: Page Health or its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and In my opinion Inspection death resulted from: Natural causes Accident Suicide Homlcide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED 4 for your ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE PEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) LOCATION (City, town or BURIAL CREMATION, CEMETERY OR CREMATORY 23d. 23a. DATE THEREOF 23c. REMUVAL (Specify) 0 25a. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR ALSME (5) 1/65

1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	09984 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09976	
HEALTH DEPT.	1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)	m)
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Dep of the after	d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS / 2 / e. IS RESIDENCE ON A FARM?	E
delay nd 3 to Page State hours	17 9 40 YES NOT	2
ny del 2, and M3. T2 ho	3. NAME OF DECEASED First Middle Jennings Last Grime S. DATE Month Day Year	-
PM P	5. SEX 6. COLDR OR RACE 7. MARRIED 8. DAIE DF, BIRTH 9. AGE (In years) UNDER 1 YEAR IF UNDER 24 HI	000
MED. EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary ecute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be or your files. L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death	5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 18. DAIE DF BIRTH 19. AGE (In years 19 UNDER 1 YEAR FUNDER 24 RIV Months Days Hours Mir M	
ive Palitice	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY (COUNTRY)	
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d be execu "pending" Medical burial-tran	Conditions, if eny, which (b) (b)	
uld the figure of M as bu	cause (a), stating the DUE TD	
shor Word Chie as a	underlying cause lest.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS	Y
ficate sho the wor the Chi o the Chi used as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO PRIMARY Or CONTRIBUTING CONTRIBUTION CONTRIBUTIO	?
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s ce rrdec uld pri	B PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
R. This certificate, writing forwarded to 3 should be agent, prior	ZDC. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 2Dd. INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) 2Dd. INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 2Dd. INJURY Month, Day, Year 2Dd. I	
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EXAMINE the certific should be files.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _<, Inquiry _<, and in my opinion	oņ
EXA he ce shoul files. TOR: lesign	death resulted from: Natural causes Accident , Suicide , Homlcide , Undetermined manner	/
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EPUTY asse exector. ained funeral Health	EXAMINER'S AND COUNTY Address (Street, city, town, or county)	
O DEPUTY MED. EX. please execute the c director. Page 4 shou retained for your files O FUNERAL DIRECTOR: of Health or its design	23a. (BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY DRICKEMATORY 23d. 108ATION (City, town or county) (State)	
7	24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR'S SIGNATURE	- 7
VR AISME (5)	Transfer JUL 21 1966 ycharles Judge	-01
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington, D. C. o. COUNTY Harford death. MARYLAND delay and 3 t b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b after Washington Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ate De haurs 4401 Falls Terrace, S.E. Kennedy Memorial Bridge, Susquehanna Rd. Item 18. Give Pages YES NO X death. 3. NAME OF Last 4 DATE Manth Year 50 DECEASED MARY Loretta July. (Type or print) 14 19 66 Hammond DEATH after (alang with S SEX 9. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Hours haurs (WIDOWED Female Negro DIVORCED even land 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? pages I Education Teacher Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Alice P. Alexander Evan T. Hammond and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) removal. Evan T. Hammond, Elkton, Md 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Drowning INTERVAL BETWEEN ONSET AND DEATH Drowning. 0 IMMEDIATE CAUSE (o) This certificate shauld writing the ward crematian, DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate. YES X NO designated agent, prior ta 2Dg. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY A CONTRIBUTING AL EXAMINER: Jumped from bridge into water. CAUSE OF DEATH. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Manth. Dov. Year 2Df. (City or tawn) (County) (State) factory, street, office bldg., etc.)
River Nat While FUNERAL DIRECTOR: Page at wark 12 Noon 7/ 14 19 66 at wark Havre de Grace Harford Md 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection . Inquiry , and in my apinion Natural causes . Accident . Suicide X. Homicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER ables SIGNATURE TO DEPUTY Health or i 7/15/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, NAME (Type) Address (Street, city, tawn, ar caunty) 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Cemetery, Zion, Md. Cecil CO. Trinity A.U.M.P. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) 1966 of Funerals, Elkton, Md.



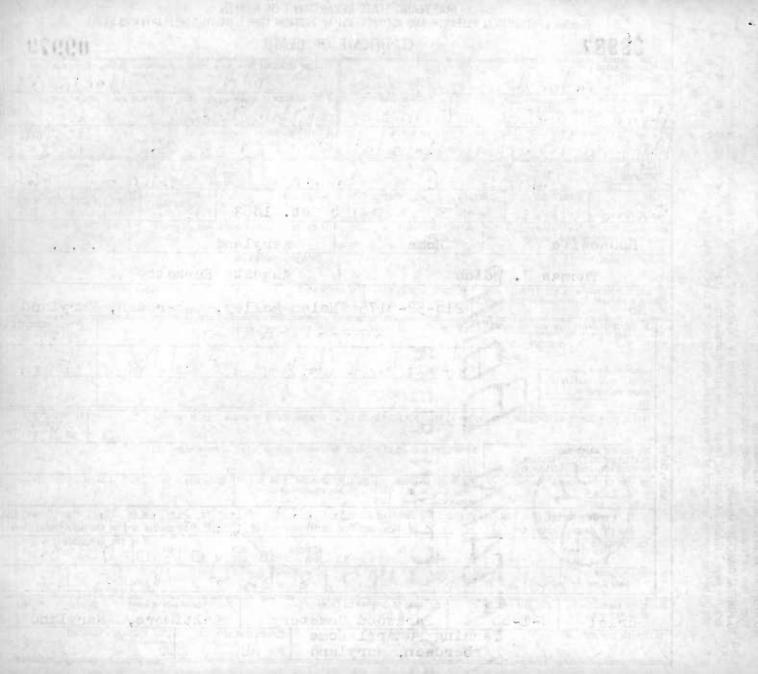
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. PHYSICIAN: The low requires that the death certificor be executed within 24 hours after deoth completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. STATE b. COUNTY o. COUNTY MARYLAND hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) LENGTH OF STAY IN 16 AVICE DE COLACE 0000 e. IS RESIDENCE ON A FARM? d. STREET ADDRES NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) os me pomor remotion, or removol, and in any event, within 72 h YES NO XX carbon 3. NAME OF Middle 4. DATE Month Year First DECEASED OF DEATH Jr 196 (Type or print) 53 FUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years S. SEX birthdoy) Manths Haurs April 5,1920 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Sheetmetal Worker COUNTRY INDUSTRY OVT. Drill, Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ottending phy Hayes Harris. Sr. Nora McFadden 16. SOCIAL SECURITY NO. 17. INFORMANT Edgewood. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service 214-18-3573 Mrs. Mary Ellen Harris, 2607 Phila. Rd. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-tronsit PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (& **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospitol ar ottending physician. DUF TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO TO FUNERAL DIRECTOR: After this certificate 200, ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW WIJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED at wark Not White factory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from July 18 , 1965, to July 1 . 19 6 that (1) (we) las director, page 3 should should be filed with the 18 19 66, and that death occurred at 5 8 M, from causes and an the date stated above saw the deceased alive an July 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22d. ANDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (Cuy or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Cokesbury Memorial REMOVAL (Specify) Cemeter Abingdon Harford Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Howard K. McComas & Son, Abingdon, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

STREET.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09987 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death deoth. physicion and completely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (If gutside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) hours ecde.6.0 popers. hin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO within NAME OF Lost DATE Manth Year Doy DECEASED 2 JUNI. DEATH 19 (Type or print) then please remove control of the nove control of the novel of the nov S SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF LINDER 24 HRS NEVER MARRIED last birthdoy) Months Dovs Hours 1883 Oct. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWITE Home COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME J. Welsh Augusta Burbett Thomas 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 9 permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) 218-52-0175 Helen Bailey. Aberdeen, Maryland 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (d) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gave rise ta immediate couse (o). DUE TO stating the underlying cause be retoined by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been os the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use CERTIFICATION Health p 2 YES NO for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While at wark at wark pe 21. I certify that (1) (this haspital) attended the deceosed from 1966, to July 29, 186, that (1) (we) last 29 19 65, and that death occurred at 10 45 M, fram causes and an the date stated above deceased alive on 22a. SIGNATUR 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS 22ds ADDRES 22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8-1-66 Baltimore. Parkwood Cemetery Maryland 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Tarring Home Home lianley VR A15 (4) 20 M 1/66 1966 DATE AUG Aberdeen, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



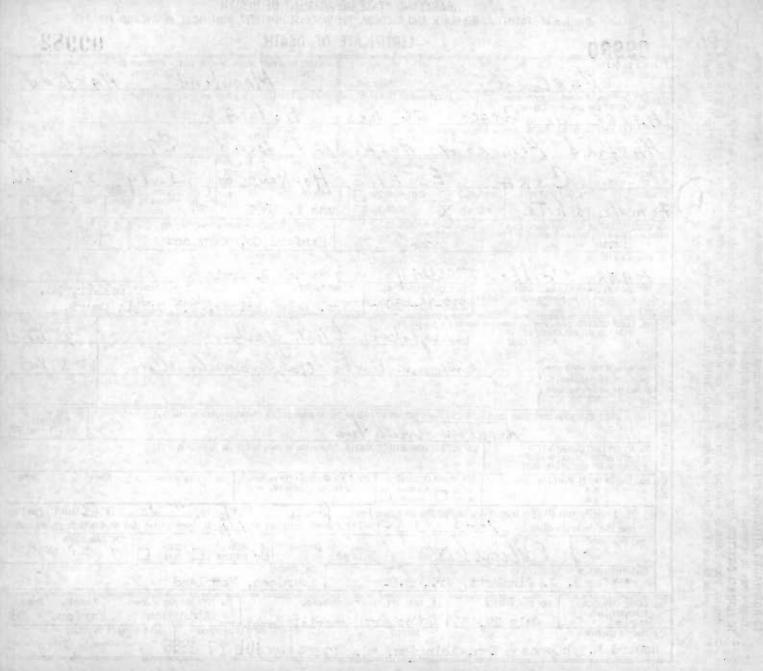
STREET, BALTIMORE 1, MARYLAND FOR STAIL DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY ARFORD MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) PRING FIELD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) IS RESIDENCE ON A FARM? 9 FRON Stafe TARFORD NAME OF EMORIAL YES T NO Yaar DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 43 yrs. Months DIVORCED T 1De. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) VIRGINIA 14. MOTHER'S MAIDEN NAME HOME MAKER GERTRUDE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivewarordatesofsarvice) MRS, RALPH BEACH 18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: BRAIN HEMORRHAGE HOURS IMMEDIATE CAUSE (a) DUE TO FRACTUrE SNULL Conditions, if any, which gava rise to immediata causa DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 206. DESCRIBE HOW INJURY OCCURED JENTOR nature of injury in Part J or Par 100 100 100 100 ACCORD HIGH WAY 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldgs, etc.) Not While at work at work Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X death resulted from: Natural causes Accident X. Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE should to FUNER Address (Streat, city, town, or county) BELAIR NAME (Type) please 4 shoul O FUN Health 228. BURIAN CREMATION, 226. REMOVAL (Specify) 24b. VR A15ME 5M 1/62 DATE

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BALTIMORE 1, MARYLAND FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY HARFORD MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) SPRING FIELD TAVRE DE ERACE
NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM? HARFORD MEMORIAL HUSP YES NO X 3. NAME OF DECEASED EUGENE (Type or print) DEATH JULY 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) STRICKLAND 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) INTERNAL HEMORRHAGE INSTAN BRAIN DUE TO (1) HEAD FNJURY AND CRUSHED RT CHEST geve rise to immediate cause DUE TO (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I of Part II of them 18.) ON JFK HIGHWI 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING HEAD ON AUTO ACCIDENT 400 PLACE STINURY HOME TO BOUND ON SO. BUUND fectory, street, office bldg., etc.) et work DIFIK: HIGHWAY Inspection X. Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident . Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE or EXAMINER'S pluods NAME (Type) Address (Street, city, town, or county) 220 BURIAL CREMATION, REMOVAL (Specify) 24b. REGISTRAR'S SIGNATUR VR A15ME 5M 1/62

THE PRODUCTION HARROLD WERE STORY WILLIAM STORY FROM THE SECOND THE WAR SOUTH TO THE WAY WAY TENDER FLORITAINS SATISFIES THE COLOR OF THE SALES AND THE Semilar Beautiful Homen Francisco Constantino to hereman Storiet in Herman W. Son a come of the The Court State of the State of HEAD TANK OF THE CHILD STREET CHEST SHEET The several the winterestions of there are there is the and the No. 11 Control of the last of Act to the Salar The said the factor that the said and the said

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) 1. PLACE OF DEATH ottending physicion and campletely filled in by the funerol bermit. Then pleose remove-carbon popers. Pages I and o. CDUNTY o. STATE MARYLAND on popers. Pages 1 within 72 hours after c. LENGTH OF STAY IN 1b autside corparate limits, write RURAL and give nearest tawn' write RURAL and give nearest town d. STREET ADDRESS IS RESIDENCE DN A FARM? (If not in haspital, give street address) NAME OF HOSPITAL DR INSTITUTION ND 3. NAME OF First Middle DATE Dov Year DECEASED 19 DEATH (Type or print) dny event AGE (In veors F UNDER IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH ast birthday) Months Doys Hours June 2. 1892 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) removal, and in during most of working life, even if retired) INDUSTRY COUNTRY? Harford Co. Maryland none none 14. MDTHER'S MAIDEN NAME 13 FATHER'S NAME Hannah E. Craig 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND 17. INFORMANT Address BelAir, Md. (Yes, no, ar unknown) (If yes give war or dates of service) 5 212-16-4300-1 Mrs. Helen Spicer. 104 Dublin Court. No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-tronsit PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by be retoined by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been for use os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTDPSY PERFORMED? CERTIFICATION ND 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH detached f (IF EITHER, NOTIFY MEDICAL EXAMINER be detached State Dept. o 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME DF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While 19 ot work at work 21. I certify that (I) (this haspital) attended the deceased from. . 19 6 . ta 19_6 (that (1) (we) last should 19 cand that death occurred of 7-25 M, from couses and on the date stated above saw the deceased olive on 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S M.D. Aberdeen, Maryland NAME (Type) B. J. Plunkett. Jr. director, should b 23d. LDCATIDN (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY DR CREMATORY (County) (Stote) REMOVAL (Specify) Abingdon Harford Md Cokesbury Memorial Burial 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley DATE JUL Howard K. McComas & Son, Abingdon, Md. 27009



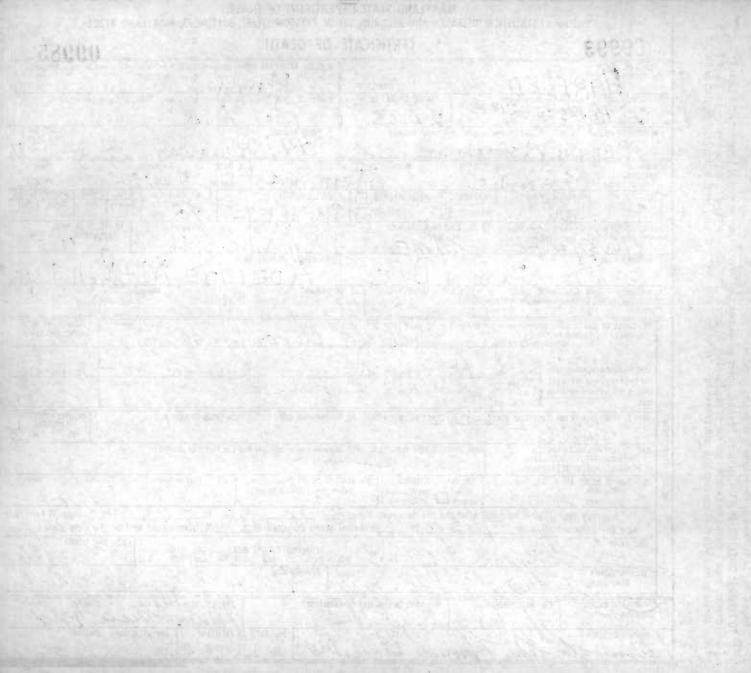
1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09991 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19983
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission and COUNTY and COU
eak	Harryland State /16- 0. COUNTY A- 13-16-17
cessary, the funeral e 5 may be Department after death.	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
S m 5 m	d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS
Jrs age	DOAHUSTONUMONINGHOS CUNGTES TURIS NOT
4 hours after death. If any delatem 18. Give Pages 1, 2, and office along with form PM3. File pages 1 and 2 with the Stand in any event within 72 hours and in any event within 72 hours.	3. NAME OF DECEASED First Middle Last 4. DAYE Month Day Year
f any Pro	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IF UNDER 14 PER 14
th. If a ges 1, form P form P within	WIOOWED DIVORCED 9/30/1902 Last birthdey) Months Days Hours Min
ive Pa with with I and event	10st USUAL DCCUPATION (Give kind of work done lob. KIND DF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
after after ning v	Master plumber Plumbing Darlington, Maryland U.S.A.
n 18. Gi e along pages 1 in any	13. FATHER'S NAME Murray L. Hopkins Mamie Burkins
24 hours after death. In Item 18, Give Pages Office along with for File pages 1 and 2 w	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Addressynch Terrace (Yes, no, or unknown) (If yes give war or dates of service)
within 2 pencil in miner's 0 permit. I	No 214-16-9422 Murray L. Hopkins 3rd Fallston, Md.
EXAMINER: This certificate should be executed within 29 certificate, writing the word "pending" in pencil in tould be forwarded to the Chief Medical Examiner's 0 les. R: Page 3 should be used as a burial-transit permit. Fignated agent, prior to burial, cremation, or removal,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 7 18 10 5 12 12 12 12 12 12 12 12 12 12 12 12 12
ud be executed "pending" in f Medical Exar burial-transit cremation, or	14 2 2 DUE TD
ld be execu "pending" f Medical burial-tran cremation,	Conditions, if any, which base rise to immediate (b)
uld b d ''p ef Me a bu	cause (a), stating the OUE TO
shor word Chie	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
ficate shoul the word the Chief o the Chief used as a to burial,	PERFORMED? YES ND
This certifing or writing orwarded to should be gent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH.
R: This cate, writerward forward 3 should agent, p	
EXAMINER: To the certificate, should be forwaffles. TOR: Page 3 st lesignated ager	20c. TIME DF INJURY Month, Dey, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While at work 19 at work 19 at work
Pa de la	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and In my opinion
EXA shour files. TOR: lesign	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
EXAMINEI EXAMINEI recute the certification of the certification for your files. L DIRECTOR: Page or its designated a	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER () 22. DATE SIGNATURE SIGNATURE () 22. DATE SIGNATURE
For Page	EXAMINER'S GONNICH OF NAME OF STATE OF THE S
O DEPUTY No please execution of the please execution. Pretained for the pretained for the please of	NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State)
Delegation of L	Buria 7/23/1966 Bel Air Mem. Gardens Bel Air Maryland
R	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR'S SIGNATURE
VR AISME (5)	Charles E. Kurtz Jarrettsville, Md. OATE JUL 23 1300

MANA THE WAR THE BELLEVIE BY サンクナクラウンイまりは ニョルアンナケットマット DOAH ingereith no risk togs econor at horse 18 10 TI TI 20, 1941 -1 YETTING. M W X . I. D. Lima Dynasi, and and the Company of the Com Activity are the second of Artenoscientie QV Dispose Drew & Pelmin 118 Gerald 6 Palace n) 4 2-2000 Alexander of the first term of the first state of t ALL ALL AND TREASURE AND THE RESIDENCE OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09992 requires that the death certificate be executed within 24 haurs after death and a and completely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after down 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. COUNTY o. STATE b. COUNTY Harford Harford Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Havre de Grace c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 319 Revolution Street 319 Revolution Street YES NO X NAME OF Middle 4. DATE First Lost Doy Year DECEASED JAMES 22 MINNIE 19 66 July DEATH (Type or print IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Female Cau. 1884 Aug. WIDOWED K DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? please **INDUSTRY** Harford County. Md. Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Harlan Ross Pauline F. Winzer 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 5 8-5095 William R. Ross, Havre de Grace. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by physician. DUE TO Heurt Keryan Conditions, if ony, which gove rise to immediate couse (o), DUE TO attending | stoting the underlying couse as the priar tal TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While at work ot work 19_66that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 6 and that death arcurred at 6:15M, Fight causes and an the date stated above. saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED directar, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Wachsman Havre de Grace. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) Md. Aberdeen, Smith Chapel Cemetery Har. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Tarring Mulleral Home VR A15 (4) Miarlen 1966 Aberdeen. 20 M 1/66

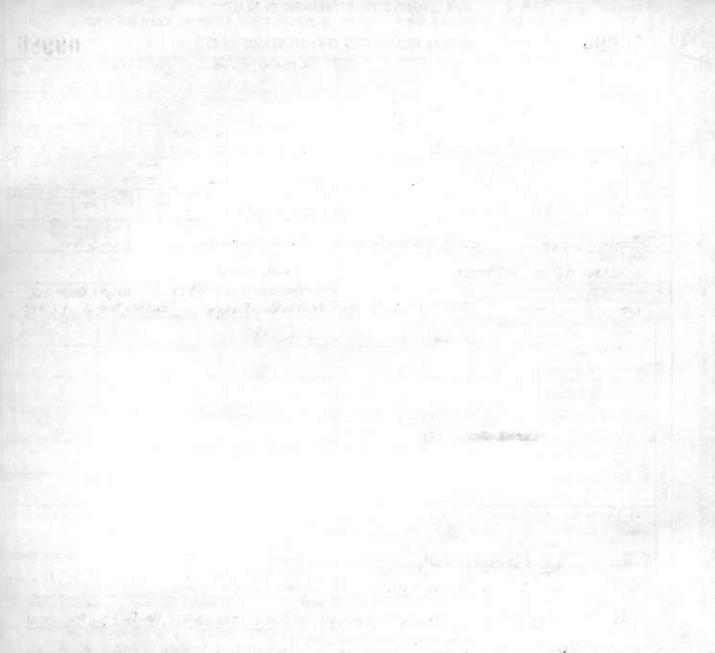
The same of the sa . In contract of the same Property of the contract of erange en gerentlik in de rolle. Devien dominaen, about the control of THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. And the second of the second o compatible of the country of energy less than the superstant is a light rest. AND THE PROPERTY OF THE AND THE STATE OF THE STATE OF THE SECOND STATE



7/MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ond 3 to M3. Page of death. Harford MARYLAND Mary land Harford Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) write RURAL and give nearest tawn) after 3days Havre de Grace Street d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS POOLE TROAD e. IS RESIDENCE ON A FARM? Office olong with form hours Harford Memorial Hospital Hitchcock Trailer Park Item 18. Give Pages ate NO X hours ofter death. 3. NAME OF Middle First Last 4. DATE Day Year DECEASED 0 within NANCY L. JOSEPH July 19 66 (Type ar print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Davs Female White JANUARY 23, 1923 WIDOWED DIVORCED 2 event gud 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Clothens MANNEACHUTE PENNSYlvania any SEAMSTESS = 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within UNKNOWN CLAYENCE 17. INFORMAN (Husband) 457-4979 Address RED#1. Bout 212 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 201-24-1927 pending Mr. Robert Le Roy JoSEPh BELATION MANYLONG 21014 remov NO 18. CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute Rheumatic myocarditis 0 IMMEDIATE CAUSE (a). should Word cremation, DUF TO Conditions, if any, which gave rise ta immediate couse (a), certificote DUF TO stating the underlying couse 0 05 burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Rheumatic Mitral Stenosis YES X NO ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) factory, street, office bldg., etc.) Nat While moy be retoined for your FUNERAL DIRECTOR: Page pleose execute at wark designated 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection | Inquiry and in my opinian director. death resulted fram: Natural causes X Acadent . Suicide Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 7/7/66 **EXAMINER'S** Health Charles S. Petty, M.D. NAME (Type) Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) 50 REMOVAL (Specify) July 9,1966 ForEst Hill, HARford Co., MANJAND Rock Spring Episcopal CEMETER w. Broadran & williams St. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) JOSEPh William Foster BELAN, MAHAMI 21014 DATE 6M 1/66

Items 18&21 Film G378

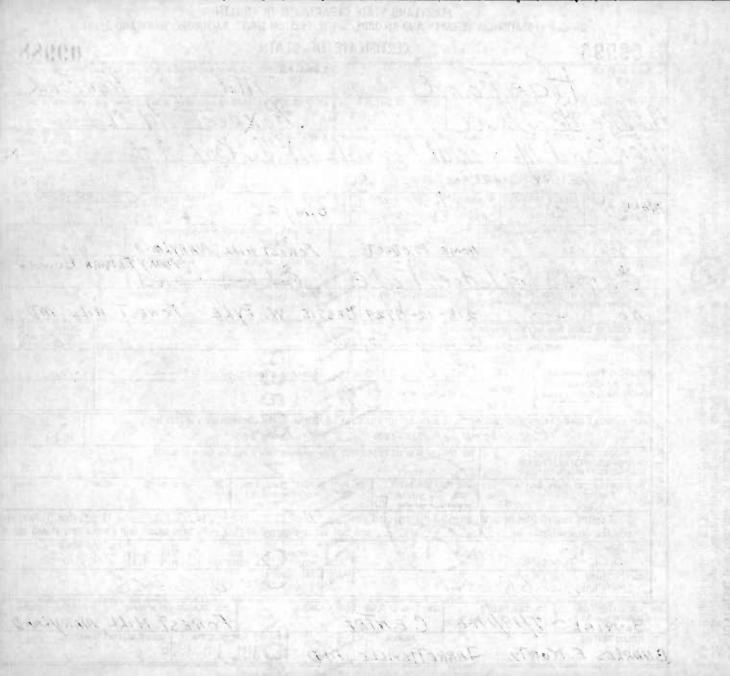
Joseph William Frake



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09995 requires that the death certificate be executed within 24 haurs after death death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrost tawn) ban papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DATE NAME OF Middle Lost Day Year DECEASED OF DEATH (Type or print) GNG 9. AGE (In years last birthday) 1 YEAR S. SEX DATE OF BIRTH IF INDER F UNDER 6. COLOR OR RACE MARRIED NEVER MARRIED Days Hours WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during mast of warking life, even if retired) COUNTRY? physician Machanic 13. FATHER'S NAM MOTHER'S MAIDEN the attending phy-1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war or dates af service) 16. SOCIAL SECURITY NO INFORMANT 17. Address 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by physician. DUE TO burial. Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO YES TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital ar for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at wark ot wark 1966, ta 2014 29, 1966 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram : 1010 shauld M, fram causes and an the date stated above 19 66, and that death accurred at 11 saw the deceased alive an July 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 0/66 DIRECTOR PHYS. director, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 569 Revolution laure de Grace, Md. Grearde /. tansbur 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) OSb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24._FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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,	16	N.A.		Division of STATISTICAL	MARYLAND STATE DEP L RESEARCH AND RECORDS, 301		IMORE, MARYLAND 21	201
23	. 7	A		09996	CERTIFICATE	OF DEATH		09988
	s after deoth. the funeral oges 1 ond 2 rs after deoth.			PLACE OF DEATH HORE	ord MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	nce befare admission)
	in 24 hours after d filled in by the func popers. Pages I thin 72 hours after d		1	o CITY OR TOWN (If butside corporate limits) write RURAL and give learest town)	c LENGTH OF STAY IN 16 5 Clary >	FORRES	rote limits, write RURAL and gi	1 12-1
	vithin 24 hc sly filled in son popers. within 72 h	66	1	tar Ford Memo	organial, give street address)	d. STREET ADDRESS BU	x 94	e. IS RESIDENCE ON A FARM? YES NO
	completely fove corbon			NAME OF DECEASED HENRY HARA	LAN PYLE, Sa	Löst 4. DATE OF DEATI		15 1966
	e be executed von on ond complete		SNI	BYE Y	MARRIED NEVER MARRIED 8. NEVER MARRIED 8.	6/14/8C	9. AGE (In years last birthday) Manths	Days Haurs Min.
	ion ond			USUAL OCCUPATION (Give kind of work done ng mast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME PRO DUCTS	11. BIRTHPLACE (County & State, or	MARYLAND 12. (ITIZEN OF WHAT OUNTRY? USA
	certifico men or novo			ELISHARUTLE	de Pule	14. MOTHER'S MAIDEN NAME	FORd.	RA BOWEN
	attending permit.		1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, arunknawn) (If yes give war ar dates af servi	16. SOCIAL SECURITY NO. 17. IN 218-12-7929 BES	SSIE W. PYLE	FOREST A	HILL, MD
	that the dan. by the att			18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART II. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART II. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART II. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART II. DEATH WAS CAUSED BY: 18. CAUSE OF DEAT	r line for (a), (b), and (c).) Carelingenic shoch			ONSET AND DEATH
	equires physici signed buriol- buriol,			Conditions, if ony, which gove rise ta immediate cause (o), stating the underlying cause but to (c)	ASCYD, Coronary distoution,	insufficioney, A	bdeninal	your
	AN: The Icolor of or otten icote hos b for use as Heolth price		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		HE TERMINAL DISEASE CONDITION GI	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	R ATTENDING PHYSICIAN: The law re retoined by the hospitol or ottending EETOR: After this certificate hos been 3 should be detached for use as the with the State Dept. of Health prior to		L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Port I or P	art II of item 18.)	
	VG PHYSIC the hospiler this certical detached		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	(City or town) (C	ounty) (Stote)
	ATTENDING stoined by the CTOR: After should be dith the State			21. I certify that (I) (this haspital saw the deceased alive an		death accurred at 95	ta	the date stated above
	OR AT De reto DIRECTO e 3 sho ed with			220. SIGNATURE Quigolet Te	M.D.	111101	STAFF 22b.	DATE SIGNED
	FITAL I may ERAL C	1		22c. PHYSICIANS NAME (Tope) A W. GRIG	-6LE17	HAVRE de	GRACE	/
	TO HOSPITAL OR ATTEN Poge 4 may be retoined FO FUNERAL DIRECTOR: director, poge 3 should should be filed with the	R	230	BURIAL, CREMATION, 23b. DATE THEREOF 7/19/19	166 CENTRE	Fo	OCATION (City or Town) REST HILL	(County) (State) MARYLAND
	VR A15 (4) 20 M 1/66	Vi	-	FUNERAL DIRECTOR HARLES E. KURTZ -	TARRETTS VILLE , M	25a. REC'D BY REGIS	TRAR 2Sb. REGISTRARS	SIGNATURE Indge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09997 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the ottending physician ond completely filled in by the funerol sit permit. Then please rengeve taxbon popers. Poges Land o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) grove P Grace NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS hin 72 ON A FARM? YES NO D NAME OF Middle 4. DATE Dov Year DECEASED OF DEATH 26 (Type or print) 19 event, AGE (In years) SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF and in during most of working (ife, even if retired) INDUSTRY 13. FATHER'S NAM or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, orughnown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ Poge 4 may be retained by the hospital or attending physician. DUF TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been os the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION should be detached for use with the Stote Dept. of Health YES NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Nat While ot work 21. I certify that (1) (this haspital) attended the deceased fram July 22, 1966, ta July 26, 1966 that (1) (we) last July 26 1966, and that death occurred at 394 M, fram causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE/SIGNED M.D. DIRECTOR directar, page 3 should be filed PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION, NAME OF CEMETERY OR EREMATORY (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 20 M 1/66 DATEJU

HEALTH.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09992 certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carparate limits. Rural-Whiteford Rural-Whiteford 92 years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Whiteford Road Whiteford Road YES X NO 3. NAME OF Middle 4. DATE Month Doy Year DECEASED ANNIE E. SEWARD July 28.19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Dovs Female White Mar. 22, 1874 WIDOWED X DIVORCED 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT USA USA during most of working life even if retired) INDUSTRY _ _ _ _ Delta, Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME A. Smith McGuigan Mary Morrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service) permit. 218-05-354 Mrs. F.E. McGuigan, Whiteford, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET, AND DEATH ORODARY IMMEDIATE CAUSE (o)_ signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use YES NO O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work 21. 1 certify that (1) (this haspital) attended the deceased fram Jan , 1960, ta 2 8 Sula, 1966, that (1) (we) last 196c, and that death accurred at 6 a.M. from causes and an the date stated above saw the deceased alive on 28 Jul 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. July 29,1966 X M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Whiteford, Jr. M. D. Whiteford, Md. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) July 30.1966 St. Mary's Pylesville, Md. 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** 2Sb. REGISTRAR'S SIGNATURE leaveler Delta.Pa.

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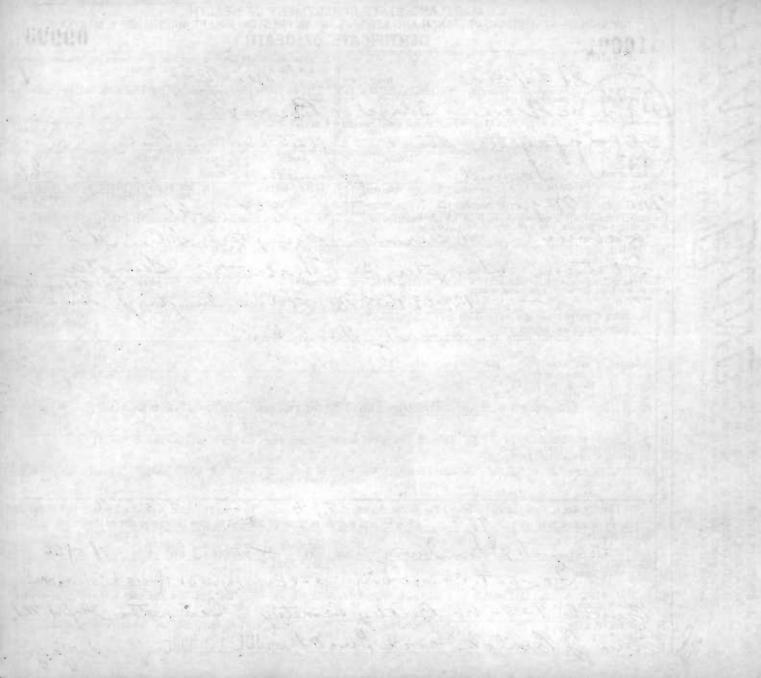
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09991 CERTIFICATE OF DEATH 09999 death. certificate be executed within 24 haurs after death and physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY g. STATE b. COUNTY MARYLAND CITY OR TOWN (If gutside carporate limits. c. LENGTH OF STAY IN 1h c. CITY ORNOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn e. IS RESIDENCE ON A FARM? d. NAME OF HOSPIFAL OR INSTITUTION (If nat in haspital, give street address) STREET ADDRESS within 72 66 YES NO X 3. NAME OF Middle DATE First Last Month Year DECEASED (Type or print) OF DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED birthday) Manths Davs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY 2 13 FATHER'S NAME ARCZYSZEVSK 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' permit. (Yes, ng, grunknown) (If yes give war or dotes of service) 2802 EMMORTON 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse by the hospital or attending as the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use YES NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or tawn) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Hour a.m. 21. I certify that (I) (this hospital), attended the deceased from -5 to 19___, that (I) (we) last 19 64, and that death occurred at be retained QM, from causes and on the date stoted obove saw the deceased alive on, 22b. DATE SIGNED 22a. SIGNATUR ATTENDING U M.D. PHYS DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION REMOVAL (Specify) 1dMORELAND MEMORIAL BALTIMORE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE 11 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09992 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. death the funerol PL OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Poges 1 ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town on papers. Por within 72 haurs in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled NO S YES NAME OF Middle carbon First 4. DATE Month Doy Year completely DECEASED INIA 19 66 event, (Type or print) DEATH IF UNDER 24 HRS SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years est_birthdoy) Months Dovs Hours TULV ond in any WIDOWED DIVORCED puo 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service 0 220-03-6654A ENNSUILE, N STINE, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by be retained by the hospital or attending physician. DUE TO las disease burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the prior to TO FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use should be detoched for use with the Stote Dept. of Health NO NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) While ot work 21. I certify that (1) (this hospital) attended the deceased fram man 19 66, that (I) (we) las 1947, to Duly 31 19 66, and that death occurred at 845.4 M, fram causes and an the date stated above saw the deceased alive on Kull 30 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** N M.D. DIRECTOR PHYS. director, page 3 should be filed PHYS Poge 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) TEMOVAL (Specify) 5, 2VA DARLINGTON DARLINGTON 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) DATE AUG 19\$6 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside comporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? YES NO L completely NAME DE Middle DATE Month Day Last 4. DECEASED OF DEATH (Type or print) much bler 196 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 8. 7. MARRIEO NEVER MARRIED last birthday) Months Davs Hours WIDOWEO A DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR UNDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease **COUNTRY?** and aborer ac ם 13. FATHER'S NAME 14. MOTHER'S attending ph ermit. Then remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address the attent t permit. 10 death (Yes, no, or unkown) | (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN (b), and (c).] been signed by the burial-transit or to burial, crems ONSET AND OEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. **OUE TO** Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. use PERFORMEO? certificate NO T YES 0 this cerum detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While at work 19 D 1966 to 1966 the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 8:25A.M. from the causes and on the date stated above. 1966 saw the deceased alive on. 22a. SIGNATURE DATE SIGNEO 22b. ATTENOING MED. PHYS. M.D. PHYS. OIRECTOR ! TO HOSPITAL FUNERAL PHYSICIAN'S 22d. AOORESS 22c. NAME (Type) plnous direct DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (State) 23a. BURIAL, CREMATION, 23b. 23c. REMOVAL (Specify) 2 ADDRESS 25a. REC'D BY REGISTRAR I 290. REGISTRAR'S **EUNERAL OIRECTOR** VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10002 C death. The law requires that the death certificate be executed within 24 hours after death by the funerol Poges Lond leose remove corbon papers. Poges 1 ond and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Harford a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, c CITY OR write RURAL and give nearest town) taure de Groce d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? and completely filled in remove corbon papers. X Memoria NO F YES NAME OF First Middle DATE Day Year DECEASED OF DEATH 16 19 66 Lillie (Type ar print) IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Days Hours all DIVORCED WIDOWED 479 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done (County & State, ar fareign country) during gnast of warking life, even if retired) **INDUSTRY** 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, cremotion, or removol, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, grunknown) (If yes give war ar dates af service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), signed by the burial-transit p PART I. DEATH WAS CAUSED BY remia Page 4 may be retained by the hospital or ottending physician. eans Conditions, if any, which gave rise to immediate couse (o). DUF TO stating the underlying couse prior to has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? USe State Dept. of Heolth NO YES O FUNERAL DIRECTOR: After this certificate PHYSICIAN: ٥ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. Nat While at work at wark be filed with the Stat 1966 196, thot (I) (we) lost 21. I certify that (1) this haspitally attended the deceased fram to and that death occurred at 10-38 16/66 M. fram causes and on the date stated above saw the deceased alive an_ DATE SIGNED 22g. SIGNATURE 22b. DIRECTOR M.D. 22d., ADDRESS 22c PHYSICIAN'S GRIGOLEIT Have NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION DATE THEREOF (County) (Stote) MOVAL (Specify) REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 2Sb VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10003 the funeral oges 1 and 2 rs oner, death. law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b COLINTY MARYLAND h. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 rite RURAL ond give negrest town rerdeen d. NAME OF HOSPITAL OR INSTITUTION ((f hat in haspital, give street address) e. IS RESIDENCE ON A FARM? ed. STREET ADDRESS and campletely filled in ChurchwillE Road YES NO NO carbon 3. NAME OF Middle 4. DATE First Lost Day Year DECEASED OF DEATH 1960 (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs FEb. 19, 1916 DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) please INDUSTRY COUNTRY ? Scrawbon, PErusalunia RETITED 4.S.A. 14. MOTHER'S MAIDEN NAMED ELERSEA 13. FATHER'S NAME (DECEMBED) Unknown Unlevous the attending passive the matian, or temp 17. INFORMANT (19 734-6921 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address TOED HE MANY DULY (Yes, no or unknown) (If yes give war ar dates of service) 196-01-4811 ww # 2, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO X for 20o. ACCIDENT WAS INDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, affice bldg., etc.) Nat While at work pe 1966, to 13 Maly, 1966 (that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from \mathcal{L} 19 CoCo, and that death accorred at 0315 AM, from causes and an the date stated above. sow the deceosed glive an 12 help ZZO. SIGNAJURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type directar, shauld b 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Mt. Zion Metholist Church Cem Fountain Green, Harford Co, Maryland Burial 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR w. Arondura ADDRESS williams st 24. FUNERAL DIRECTOR VR A15 (4) 1986 DATE JUL Joseph William Foster 5 BEL Air, Maryland 21014 20 M 1/66

Joseph William Freter

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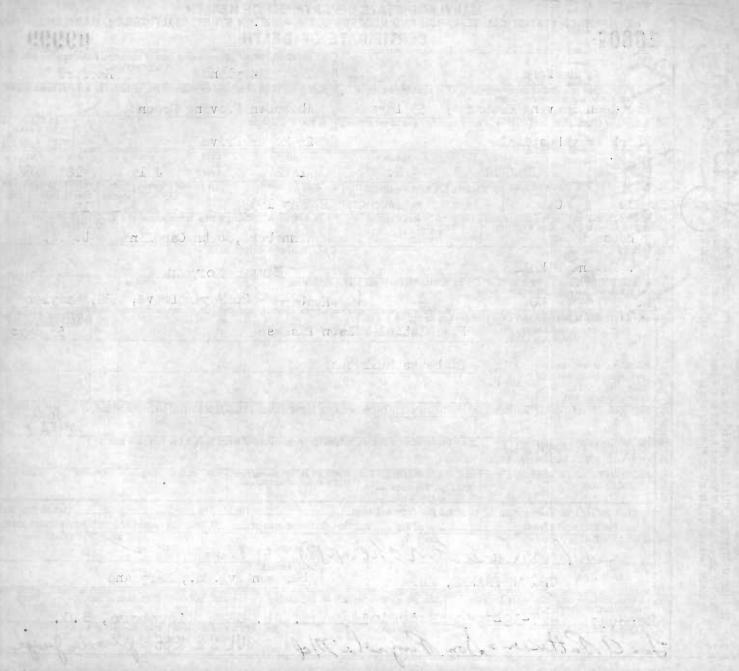
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY b. COUNTY HARFORD files. HARFORD MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? HARFORD MEMORIAL YES NO X 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 66 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers HF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) KENTUCKY EPISCOPME-U. S.A. MINISTER 13. FATHER'S NAME SARAH ANN [HOMPSON! JOSEPH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgive war or detas of service) No 2-36-6845 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE FRACTURES CHEST AND EXTREMITIES Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 2De. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18 1 KENNED
HEAD ON AUTO ACCIDENT ON J.F. KENNED PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ON prior 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, Month, Day, Year 2DI. (City or town) (County) (Stete) lectory, street, office bldg., etc.) Not While 11966 et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL should be to ASSISTANT MEDICAL EXAMINER SIGNATURE O EXAMINER'S DEP NAME (Type) 4 should Health Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Rock Forest Maryland 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Charles E. Kurtz 5M 1/62 Jarrettsville. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10006 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. funeral 1 and 2 1er death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence beforehadmission) o. COUNTY o. STATE b. COUNTY filled in by the function papers. Pages 1 c MARYLAND CLENGTH OF STAY IN 1b. b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) daNAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS ☐ NO [YES 3. NAME OF DATE * Month carban First Dov Year DECEASED event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 14 March 1893 in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Home COUNTRY? Jarrettsville. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval Benjamin Butler Susan Walker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Aberdeen, Edward Turnbaugh. Md. (Yes, no or unknown) (If yes give wor or dotes of service 5 -07-66LLL-B. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY one provas cular IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse as the has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO T this certificate 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this haspital) attended the deceased fram July , 1966, to July 3 , 1966, that (I) (we) las directar, page 3 shauld shauld be filed with the 19 66, and that death accurred at 11 M. fram causes and an the date stated above saw the deceased alive an -220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22c. PHYSICIAN'S 22d. ABDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, DATE THEREOF (Stote) REMOVAL (Specify) July 66 Jarrettsville Cemetery, Jarrettsville, Md. 2 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charley 1966 Aberdeen. Md. Home Funeral

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral N PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the n b. COUNTY Harford Maryland Harford MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporete limits, write RURAL end give nearest town) p oon papers. Pag within 72 hours hours Days Aberdeen Proving Ground Aberdeen Proving Ground = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Kirk Army Hospital 26 Moyer Drive ND XX YES etely carbon 3. NAME DE Middle DATE Month Day Year DECEASED event, IMOGENE M. WALKER сошр (Type or print) DEATH July 18 1966 executed 6. CDLOR OR RACE | 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove any ev last birthday) Months | Days Hours and Female Cau 17 May 1933 WIDDWED DIVDRCED T 1 18 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) .= physician please during most of working life, even if retired) INDUSTRY COUNTRY? and House wife NONE Winnsboro, South Carolina U.S.A. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending permit, Then Mr. Eugene Mikell 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) Husband - 26 Moyer Drive, APG, Maryland NC cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN onset and death burial-transit burial, crema been signed by Kimmelstiel-Wilson Disease PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TD Diabetes Mellitus Conditions, If any, which (b) gave rise to immediate as the prior to DUE TD cause (a), stating the underlying cause last. certificate has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? YES XX ND T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) of detached this MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After 1 While Not While Stat at work at work be retained should FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from. 19_ _, tp. . 19____ that (I) (we) last .M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22a. SIGNATURE 22b DATE SIGNED MED. Page 4 may PHYSICIAN'S ADDRESS director, p NAME (Type) Aberdeen Pvg. Gd., Maryland THOMAS FRAHER. MD BURIAL, CREMATION, REMDVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) (State) 23b. DATE THEREDE 2 Fairfield Ch. CEV. Winnshore, S.C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE -19-1066 EMOVE T 1966 VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Poge a. STATE b. COUNTY of deoth. MARYLAND Deportment (LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with farm hours in Item 18. Give Pages ote NO ofter deoth. NAME OF 5 Last DATE Year DECEASED OF DEATH (Type or print) within with t SEX X AGE (In years UNDER IF UNDER last birthday) Manths Oovs DIVORCED hours WIDOWED event 1Do. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT life, even if retired) In any pencil 13. FATHER'S NAME within MOTHER'S MAIDEN NAME and Manchester WAS DECEASED EVER IN U.S. ARMED FORCES? be executed 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor ar dates of service) remayal pending per CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 50 certificate shauld e, writing the ward forwarded to the Cl crematian, DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying cause 0 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate. YES NO agent, prior to 20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) 3 should PRIMARY For CONTRIBUTING CAUSE OF DEATH. 4 should MEDICAL 20c. TIME OF INJURY Manth, Dov. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) While Nat While factory, street, office bldg., etc.) be retoined for your FUNERAL DIRECTOR: Page the funeral director. Page ot wark at wark designoted 27. I certify that I took charge of the remains described above, held on Autopsy Inspection R ond in my opinion deoth resulted from: Noturol couses Suicide Accident 💉 Undetermined monner Homicide CHIEF MEDICAL EXAMINER or its ASSISTANT MEDICAL EXAMINER O DEPUTY Health NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23b. DATE THEREO! 0 REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10009 CERTIFICATE OF DEATH er and 2 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death ely filled in by the funeral bon papers. Pages 1 and within 72 haurs after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If ourside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR IDWN (If outside corporate, limits, write RURAL and give nearest town) write RURAL and give/neorest town) IS RESIDENCE ON A FARM? deNAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address) d. STREET ADDRESS YES NO TO 3. NAME OF First 4. DATE Month Doy Year remave carbon DECEASED (Type or print) and in any event, DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife physician o COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 234-46-7243 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: lran: IMMEDIATE CAUSE (o) signed by be retained by the hospital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate has been priar ta 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached far use a PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased fram. 1966, and that death accurred at Z > PM, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 610-230. BURIAL, CREMATION, REMOVAL (Sperify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) EAST. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 haurs o write RURAL and give nearest town ROO = e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 Filled NO K Middle NAME OF DATE Month First Lost Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF LINDER 24 HR SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Hours Months Dovs WIDOWED DIVORCED 11. BIRTHRIACE (County & State, or foreign dounts) 0 % . 100. USUAL OCCUPATION (Give kind of work down 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if refired INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse por line PART I. DEATH WAS CAUSED BY: for (o), (b), and (c).) burial-transit IMMEDIATE CAUSE (DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health p 2 NO YES 20b. DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) foctory, street, office bldg., etc.) Hour o.m. Not White ot work of work 19 6 4 that (1) (we) las 21. 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on_ 19 66, and that death occurred at 1012 M, from causes and on the date stated above 22b. DATE SIGNED 220. SIGNATURES **ATTENDING** MED. DIRECTOR STAFF O HOSPITAL OR M.D. PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF SEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 230. 23b. DATE THEREOF Stote) 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE